

Reviews

INDUSTRIAL PULMONARY DISEASE

Broncho-Pneumopathies Professionnelles. By C. Gernez-Rieux, M. Marchand, P. Mounier-Kuhn, A. Policard, and L. Roche, with 10 collaborators. (Pp. 504; illustrated. NF. 52.) Paris: Masson et Cie. 1961.

This is a textbook for chest physicians on industrial pulmonary disease by all the leading French authorities. The book is essentially clinical in its approach, but there are detailed chapters on pathology, pulmonary-function testing, and compensation. The coverage is very complete, ranging from thoracic trauma at one end to ankylostoma duodenale at the other and dealing with everything in between. The general tone, as in many good textbooks, is rather dogmatic and statements are supported by reference to authority rather than to scientific evidence. The statement, for instance, that the idea of preventing silicosis by inhalations of aluminium is "illusoire" (p. 63) is one with which this reviewer agrees, but one would prefer to see a reference to a more detailed discussion to qualify the bald statement. Similarly the statement that men under 40 with unilateral progressive massive fibrosis should have an immediate thoracotomy (p. 322) is justified only by the name of the distinguished man who recommends it. The case for this is arguable, but one should not take such action without a detailed knowledge of all the evidence.

The book can be recommended as a good clinical textbook, but to-day, as we face the real possibility of entering into the Common Market, the book has additional interest as it can be compared fairly directly with the British book *Industrial Pulmonary Diseases*.¹ Even a cursory perusal of the two books suggests relatively clear-cut differences between the attitudes of the experts in the two countries. If a certain exaggeration is permitted one could say that the French are in general descriptive in their approach, while the British attempt to be quantitative; French research tends to be limited to the laboratory, the British in addition attempt to do quantitative research in the factory and the mining community; where the French are clinically minded the British are more epidemiologically minded. Though the pulmonary physiologists use very similar techniques, the French seem more interested than the British in applying their techniques to the problem of determining disability for pension purposes. One is tempted to the final exaggeration that French industrial medicine remains an art while the British is struggling to become a science. This would be very unfair to the French, but there are quite certainly differences in the medical attitudes of the two countries in this sphere, and very probably in other spheres as well, which may lead to a certain amount of friction if we enter the Common Market and an *entente médicale* is attempted.

One similarity between the two books gives a hint of what might be done prophylactically in the meantime. Each book gives approximately 415 references. Of those in the French book 38 refer to British publications, in the British book 17 to French publications. The French, as one would expect, are the more courteous, but both countries might with advantage read a little more of each other's literature.

A. L. COCHRANE.

REFERENCE

- ¹ Fletcher, C. M., and King, E. J. (1960). *Industrial Pulmonary Diseases*. Churchill, London.

PHARMACOLOGY FOR EVERYMAN

Drugs, Medicines and Man. By Harold Burn, M.D., F.R.S. (Pp. 231. 25s.) London: George Allen and Unwin. 1962.

This book is an account of pharmacology for Everyman. It paints an impressive picture of the revolution in medicine which has put powerful therapeutic tools in the hands of the clinician and shown him that some drugs really do have dramatic effects in the cure of disease. Technical terms are generally avoided or explained, and Sir Harold Nicolson, who wrote a long and appreciative review of this book in the *Observer*, evidently understood most of it without any special training in medicine or science. It covers many topics, including nicotine and alcohol, pain, sleep and dreams, allergy, and the drugs used against cancer and bacteria. There are half a dozen chapters about hormones, but the vitamins are wisely omitted, except for K and B₁₂. There are chapters on the doctor-patient-drug relationship and on the development of new drugs. These topics have been chosen because they are likely to interest the lay reader. Complicated subjects, in which Professor Burn is known to be interested, such as the autonomic system, are only briefly discussed or omitted.

A clear distinction is generally made between the facts which everyone believes and the theories which we hope are true, but in some cases Professor Burn has improved his story by giving only one of several possible theories. For example, the incautious reader of page 48 might imagine that there was no room for argument about the mechanisms controlling the release of aldosterone. This kind of simplification is inevitable, and the book can be warmly recommended as a clear and readable account of an important subject.

J. H. GADDUM.

DEAF CHILDREN IN ORDINARY SCHOOLS

Educating Hearing-impaired Children in Ordinary Schools. By J. C. Johnson, B.A., Dip.Ed.Psych. Foreword by Sir Alexander Ewing. (Pp. 120+ix; illustrated. 25s.) Manchester University Press. 1962.

Many feel that handicapped children should, if possible, attend ordinary schools instead of special schools. Some progressive authorities are experimenting with the education of children with severe visual defects in ordinary schools instead of in schools for the blind. This book, from the Department of Audiology and Education of the Deaf at the University of Manchester, is a careful study of the education of deaf children in ordinary schools.

The author discusses the educational, emotional, and speech problems of deaf children, and their management in ordinary and deaf schools. Subjects covered include the importance of the early recognition of deafness, the incidence of impaired hearing, the use of hearing aids (and children's failure to wear them), the verbal ability of deaf children, and the emotional implications of impairment of communication. The author recommends the appointment of an audiologist and peripatetic teachers of the deaf as a preliminary to the opening of units for young deaf children in ordinary schools. He rightly emphasizes the need for a much more thorough programme of assessment of the hearing of children, mentioning the unreliability of teachers' estimates of children's hearing. He concludes that children with severe deafness, if given suitable help, may remain in ordinary schools.